

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		2			
4	1		1			
5				1		
6			2			
7			2			
8			2			
9			2			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17	1	1	1	1		
18		1	1			
19		1	1			
20	3		1			
21	1		1			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	22	←	24	←	←	
TOTAL CLAIMS	24		26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						